

# CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY **PARAMEDIC LICENSURE PROGRAM**10901 Gold Center Drive, Ste. 400 Rancho Cordova, CA 95670-6073

Rancho Cordova, CA 95670-6073 TELEPHONE (916) 323-9875 / FAX (916) 324-2875

### Paramedic Licensure Unit Request for Licensure/Certification Verification

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

SECTION 1:	APPLICAN'	T to COMPLETE			
Name:					
(Last) Mailing Address:		(First)		(MI)	
	mber/Name)	(City)	(State)	(Zip)	
Street Address:	(If different th	nan mailing address)			
Certification/License Num			tate:		
Expiration Date:		Social Security Num	ber:		
		·			
		AGENCY to COMPLETE			
1. Is the above certification		ted by State of Certific	cation/Licensure	s $\square$ No	
If "no", please provi				3 🔲 140	
, p	, , , , , , , , , , , , , , , , , , ,				
2. Has the above certif	icate/license ever	been suspended or re	evoked?	es 🗌 No	
If "yes", please prov	vide an explanation	1:			
3. Has the above perso	on ever been conv	icted of a felony or mi	isdemeanor? □ Ye	es 🗆 No	
If "yes", please prov				,	
		. ,			
		in California should b	e denied? UY6	es L No	
If "yes", please prov	nde an explanation	<b>.</b>			
Date:					
Verifying Agency Rei	oresentative Name	& Title:			
Verifying Agency Info	(1	Department State & Name)	•	ne Number)	
Verifying Agency Re	presentative Signat	ture:			

(Continued On Back Page-Instructions)

Form # VL-01 02/2017

## Paramedic Licensure Unit Request for Licensure/Certification Verification

#### **Applicant Instructions**

- 1) Complete the top portion of the Request for Licensure/Certification Verification form.
- 2) Send a copy of this form to each State in which you are, or were, certified/licensed.

### **State Agency Instructions**

- 1) Complete the bottom portion of the Request for Licensure/Certification Verification form
- 2) Return it directly to the Emergency Medical Services Authority at the address on the top of the form.

#### **FOR ADDITIONAL INFORMATION:**

- See our Frequently Asked Questions (FAQ's) and/or the Informational Videos at <a href="http://www.emsa.ca.gov/Paramedic">http://www.emsa.ca.gov/Paramedic</a>; or
- Send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov; or
- Contact us by phone at (916) 323-9875